MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/582248	
APPLICANT(S)	

CLAIMS

①	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⬇	0	⬇	0	⬇	TOTAL IND.	0	⬇	0	⬇	0	⬇
TOTAL DEP.	18	⬅	0	⬅	0	⬅	TOTAL DEP.	0	⬅	0	⬅	0	⬅
TOTAL CLAIMS	20	■	0	■	0	■	TOTAL CLAIMS	0	■	0	■	0	■

PTO - 1360 (REV. 04/2007)